

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: PERSONAL CARE COMPOSITIONS WITH  
PORTABLE PACKS  
Attorney Docket Number:: 4506-1025  
Request for Early  
Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 4  
Small Entity?:: Yes  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM AND NEW ZEALAND  
Status:: Full Capacity  
Given Name:: CARL  
Middle Name:: ERNEST  
Family Name:: ALEXANDER  
City of Residence:: KENT  
State or Province of Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing Address:: CHURCH HOUSE, HIGH HALDEN  
Address::  
City of Mailing Address:: KENT  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: TN26 3JB

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NEW ZEALAND  
Status:: Full Capacity  
Given Name:: FRANCIS  
Middle Name:: WILLIAM  
Family Name:: GRAYSON  
City of Residence:: AUCKLAND  
State or Province of Residence::  
Country of Residence:: NEW ZEALAND  
Street of Mailing Address:: 50 ORAKEI ROAD, REMUERA  
Address::  
City of Mailing Address:: AUCKLAND  
State or Province of Mailing Address::  
Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address:: 1005

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	523 946	1/31/03	Yes

**Assignment Information**

Assignee Name:: PBL TECHNOLOGY LIMITED

Street of Mailing Address:: 41 Veronica St.,  
New Lynn

City of Mailing Address:: AUCKLAND

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address::